

State of Vermont Employee Dental Assistance Plan

*This session is being recorded.
November 9, 2021



What You Need to Know

- Northeast Delta Dental is a local company with a national network
- You can see any dentist, but get the best value when in-network

Topics We'll Cover

- ▲ Delta Dental Networks
- ▲ Dental Plan Benefits
- ▲ Health *through* Oral Wellness® (HOW®)
- ▲ Online tools and mobile resources
- ▲ Vision and Hearing Discount program

Delta Dental PPO plus Premier Networks

- You can see any dentist
- Delta Dental PPO™ dentists offer the Best Value
 - ✓ Lower out-of-pocket expenses
 - ✓ Stretch your annual maximum dollars further
- Advantages of Delta Dental PPO and Premier dentists:
 - ✓ No Upfront Payment for Covered Services
 - ✓ No Claim Paperwork
 - ✓ No Balance Billing



Find a dentist at nedelta.com

Delta Dental PPO plus Premier Network

Cost Savings Example

How much will you **save** and how much will you **pay** out-of-pocket?

Example: Major service, costing \$1,000, and covered at 50%

	ALLOWED	PAYMENT
Greatest Savings		Delta Dental pays \$400
In-Network Delta Dental PPO™ 50% benefit Coverage	\$800	You pay \$400
		You save \$200
In-Network Delta Dental Premier® 50% benefit Coverage	\$900	Delta Dental pays \$450
		You pay \$450
		You save \$100
Out-of-Network 50% benefit Coverage Potential balance billing charge	\$720	Delta Dental pays \$360
		You pay \$640 Includes \$280 balance billing (\$1,000-\$360 = \$640)
		You save \$0

Outline of Coverage

Diagnostic/Preventive (Coverage A)	Basic Restorative (Coverage B)	Major Restorative (Coverage C)	Orthodontics (Coverage D)
No Deductible	Contract Year Deductible per Person/Family: \$25/\$75		No Deductible
<p>DIAGNOSTIC: Oral evaluations twice in a 12-month period, this includes periodic, limited, problem-focused, and comprehensive evaluations</p> <p>X-rays (complete series or panoramic film) once in a 3-year period</p> <p>Bitewing x-rays twice in a 12-month period</p> <p>X-rays of individual teeth as necessary</p> <p>PREVENTIVE: Cleanings twice in a 12-month period; these can be routine or periodontal</p> <p>Fluoride once in a 12-month period to age 19</p> <p>Space maintainers to age 16</p> <p>Sealant application to unrestored bicuspid and permanent molars, once in a 3-year period per tooth, to age 14</p> <p>Note: Expenses incurred for covered Diagnostic and Preventive services do accrue toward your annual maximum.</p>	<p>RESTORATIVE: Amalgam (silver) fillings Composite (white) fillings</p> <p>ORAL SURGERY: Surgical and routine extractions</p> <p>ENDODONTICS: Root canal therapy</p> <p>PERIODONTICS: Treatment of Gum Disease</p> <p>Full Mouth Debridement</p> <p>Clinical crown lengthening once in a lifetime per site</p> <p>DENTURE REPAIR: Repair of a removable denture to its original condition</p> <p>EMERGENCY PALLIATIVE TREATMENT</p>	<p>PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures</p> <p>Rebase and reline (dentures)</p> <p>Crowns</p> <p>Onlays</p> <p>Implants</p>	<p>ORTHODONTICS: Correction of malposed (crooked) teeth for dependent children and adults</p>
Delta Dental Pays: 100%	Delta Dental Pays: 80%	Delta Dental Pays: 50%	Delta Dental Pays: 50%
<p>Contract Year Maximum: \$1,000 per Person (Contract year = July 1 – June 30)</p> <p>Health through Oral Wellness® program included (please see reverse for details)</p>			<p>Lifetime Maximum: \$1,750 per Person</p>

Health *through* Oral Wellness® (HOW®)

HOW® provides additional preventive benefits to members at-risk for oral disease



How HOW® Works

- Dental office performs a clinical risk assessment.
- Patients that score a 3-5 on a 5-point risk scale qualify for additional preventive care benefits.
- The additional preventive benefits can be applied immediately at that dental visit.
- Any additional benefits that a member receives **do apply** toward annual maximum.

HOW[®] Summary of Enhanced Benefits

Oral Health Condition	Benefits	Frequency
Caries (Tooth Decay)	Caries Susceptibility Test Child or Adult Cleaning Fluoride Varnish or Topical Fluoride Nutritional Counseling or Oral Hygiene Instruction Sealants (children and adults)	Once per 12 months Combination up to 4 per 12 months Combination up to 4 per 12 months Once per 12 months ¹ Once per 12 months ¹ Once per 3 years ²
Periodontal (Gum) Disease	Adult Cleaning Nutritional Counseling or Tobacco Cessation Counseling or Oral Hygiene Instruction Full Mouth Debridement Periodontal Maintenance	Up to 4 per 12 months ³ Once per 12 months ⁴ Once per 12 months ⁴ Once per 12 months ⁴ Once in a lifetime ³ Up to 4 per 12 months ³

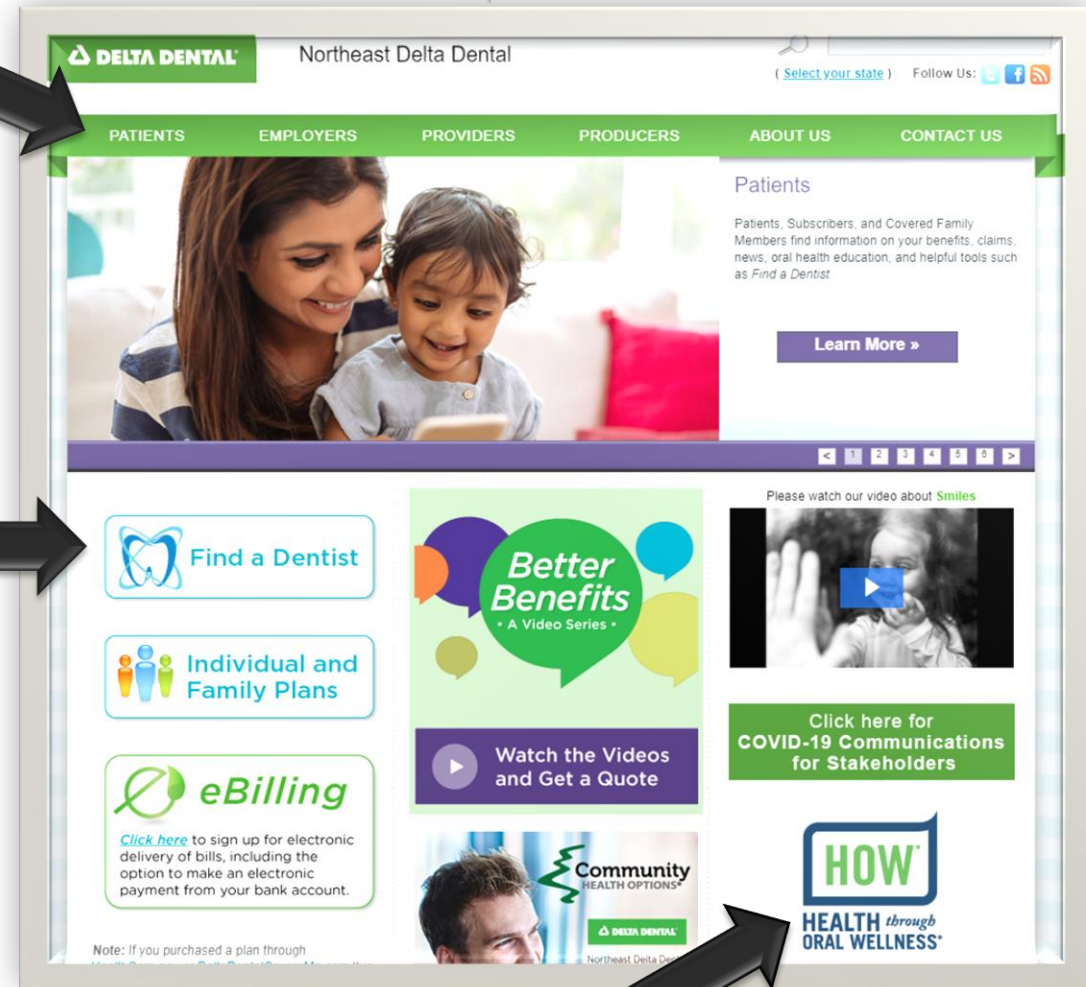
- Ask your dental office for the HOW[®] Risk Assessment.
- If you qualify, your dentist will let you know what additional preventive care you need.
- Any additional benefits that a member receives **do apply** toward annual maximum.

HealthThroughOralWellness.com

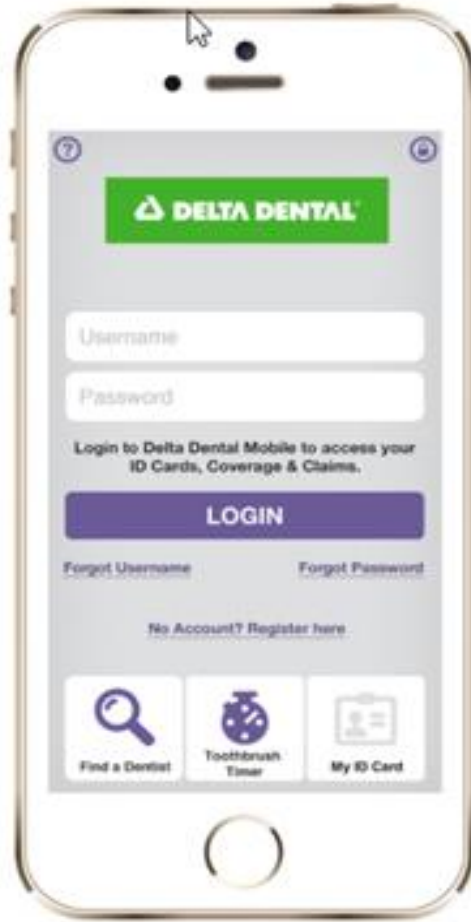
Online Tools at nedelta.com



- Find Claim and Benefit Information
- View and Print EOBs
- Access Dental Plan Documents
- Print Additional ID Cards
- Search for a network dentist
- Register for HOW[®]
- Download helpful forms and info
- Delta Dental Mobile App



The Delta Dental Mobile App



Download & Register

e-ID Card

Dentist Search

Coverage & Claims

Vision and Hearing Discount Program*

- Free to all Northeast Delta Dental subscribers and dependents
- Up to 35% off eyewear and 40% off hearing exams!
- Discounts on glasses, contacts, hearing aids and LASIK
- EyeMed Access network includes over 71,000 vision care providers nationwide.
- Hearing Care Program offered through Amplifon – the nation's largest independent hearing care network.



INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION

OPTICAL

nedelta.com/patients/EyeMed-Discount


* Not an insurance plan-show your Northeast Delta Dental card for the discount

VISION AND HEARING DISCOUNT PROGRAM

DELTA DENTAL

Great Savings -
Up to 35% off eyewear
and 40% off hearing exams!

This vision and hearing discount program is available free to all Northeast Delta Dental subscribers and their dependents.



It is very important to take care of both our hearing and our vision. Vision and hearing both play a very significant role in enabling us to form and maintain social connections, which impacts our health and happiness in many ways.¹ And because Northeast Delta Dental cares about your total health and wellness, we are proud to partner with EyeMed Vision Care to include discount programs to help our members enjoy all of life's sights and sounds to the fullest:

- **EyeMed Vision Care** offers access to over 71,000 vision care providers nationwide.
- **Hearing Care Program** offered through Amplifon – the nation's largest independent hearing care network.

Hearing Wellness

Hearing loss is more common than you might think. It affects 1 in 9 Americans² and can come on so gradually you may not even notice it. But the good news is 95% of hearing loss can be easily treated with hearing aids.³


Your Hearing Discount includes:

- Discounted, set pricing on thousands of hearing aids and 40% off hearing exams³ at convenient locations!
- 3-year warranty plus loss and damage coverage along with a low-price guarantee!

AND MORE: For more details about the discount program, visit nedelta.com/Patients/EyeMed-Discounts

To find a hearing care provider near you, visit amplifonusa.com/find-a-hearing-aid-clinic

Your EyeMed ID Card:



Your Group Number:
9231093

Your Group Name:
Delta Dental Discount

To locate the nearest EyeMed "Access Network" provider, visit our website at nedelta.com or call 1-866-246-9041

PLEASE BRING THIS ID CARD AND FLYER TO YOUR PARTICIPATING EYEMED PROVIDER

It's easy! Simply present this ID card or flyer when you arrive at the location. The provider will do the rest!

Vision Wellness

Regular eye examinations play a crucial role in ensuring healthy vision and overall health.

- An eye examination can not only detect vision problems, but also detect the early stages of serious health problems such as diabetes and hypertension
- One in four children has an undetected vision problem that can interfere with learning according to the Vision Council of America
- Undetected eye diseases can lead to worsening eyesight and, in some cases, irreversible vision loss

Your EyeMed Vision Care includes:

- Discounts on exams, lenses, frames, and more
- Access to optometrists, ophthalmologists, opticians, and the nation's leading optical retailers:

Vision Care Services:
For details of the Vision Care Services visit nedelta.com/Patients/EyeMed-Discounts

Rev. 08/2020 02/20/24

1 American Foundation for the Blind, "When Hearing Loss Causes More Vision Loss", February 2017.
2 AmplifonUSA.com/hearing-loss-information
3 Hearing discount cannot be combined with hearing coverage provided through a medical insurance policy.

Questions?

- Refer to Outline of Coverage and/or Certificate of Insurance
- View claims and benefits on our secure Patient Benefit Lookup portal nedelta.com/Patients
- Contact Northeast Delta Dental Customer Service at 1-800-832-5700, #2 or nedelta@nedelta.com



Outline of Coverage

Vermont State Employees' Association SUPPLEMENTAL Dental Program Group #7674

VSEA Supplemental
Dental Program
155 State Street
Montpelier, VT 05602

This plan is designed to supplement the Vermont State Employees' Dental Assistance Plan through your employer. Membership in your employer's dental plan is required to join and remain in this Supplemental Program. Enrollment in this plan for yourself and any dependents must be the same as your enrollment in the Vermont State Employee Dental Assistance Plan through your employer. The Vermont State Employee Dental Assistance Plan is primary to this Supplemental Program. Claims must be submitted to The Vermont State Employee Dental Assistance Plan prior to being processed by this Supplemental Program.

*This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you **READ YOUR POLICY CAREFULLY!** Not all time limitations and exclusions are shown herein. Benefit percentages shown are based on the actual charges submitted up to the Maximum Allowable Charge for participating dentists, or Delta Dental's allowance for non-participating dentists.*

Diagnostic / Preventive (Coverage A)	Basic Restorative (Coverage B)	Major Restorative (Coverage C)	Orthodontics (Coverage D)												
No Deductible															
Diagnostic and Preventive services are excluded from this Supplemental Program because these services are paid under the Vermont State Employee Dental Assistance Plan through your employer at 100% of the allowed amount.	RESTORATIVE: Amalgam (silver) fillings; Composite (white) fillings ORAL SURGERY: Surgical and routine extractions ENDODONTICS: Root canal therapy PERIODONTICS: Treatment of Gum Disease DENTURE REPAIR: Repair of a removable denture to its original condition	PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures Rebase and relines (dentures) Crowns Onlays Implants	ORTHODONTICS: Correction of malposed (crooked) teeth for dependent children and adults												
No Benefit	100% Less Vermont State Employee Dental Assistance Plan Payment	80% Less Vermont State Employee Dental Assistance Plan Payment	50% Less Vermont State Employee Dental Assistance Plan Payment												
Contract Year Maximum for services covered under Coverage A, B and C – \$1,000 per person (Contract year = July 1 – June 30)			Lifetime Maximum: \$1,250 per Person												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 40%;">BI-WEEKLY RATES</td> <td style="text-align: center; width: 10%;">7/1/21</td> <td style="width: 30%;">Employee-Only</td> <td style="text-align: right; width: 20%;">\$10.16</td> </tr> <tr> <td></td> <td></td> <td>Employee + One</td> <td style="text-align: right;">\$21.49</td> </tr> <tr> <td></td> <td></td> <td>Family</td> <td style="text-align: right;">\$41.66</td> </tr> </table>				BI-WEEKLY RATES	7/1/21	Employee-Only	\$10.16			Employee + One	\$21.49			Family	\$41.66
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		Family	\$41.66												

Vermont Retirement Systems Dental Plan

*Read Your Dental Plan Description Carefully—This Outline of Coverage provides a very brief description of the important features of your dental benefits plan. This is not the insurance contract, and only the actual policy provisions will control. The Dental Plan Description itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you **READ YOUR Dental Plan Description CAREFULLY!** Not all time limitations and exclusions are shown herein. Benefit percentages shown are based on the actual charges submitted up to the Maximum Allowable Charge for participating dentists, or Delta Dental's allowance for non-participating dentists.*

Outline of Coverage Delta Dental PPO plus Premier Network		Plan A	Plan B
Coverage A	DIAGNOSTIC: Evaluations twice in a 12-month period X-rays (Complete series or panoramic film) once in a 5-year period Bitewing x-rays once in a 12-month period X-rays of individual teeth as necessary PREVENTIVE: Cleanings twice in a 12-month period Fluoride once in a 12-month period to age 19 Space maintainers to age 16 Sealant application to permanent molars, once per tooth in a 3-year period, for children to age 19	100%	100%
Coverage B	BASIC RESTORATIVE: Amalgam fillings Composite fillings (anterior teeth only) ORAL SURGERY: Surgical and routine extractions ENDODONTICS: Root canal therapy PERIODONTICS: Periodontal maintenance (cleaning) <i>Two cleanings are covered in a 12-month period; this can be routine (Coverage A) or Periodontal (Coverage B), but not both.</i> Treatment of gum disease Clinical Crown Lengthening once per lifetime per site DENTURE REPAIR: Repair of a removable denture to its original condition EMERGENCY PALLIATIVE TREATMENT	50%	80%
Coverage C	MAJOR RESTORATIVE: Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants Note: Teeth missing prior to the effective date of a Northeast Delta Dental plan are not considered a pre-existing condition. Full contract benefits are provided.	50%	50%
Calendar Year Maximum for services covered under A, B and C.		\$1,000	\$1,500
Calendar Year Deductible (Does <u>Not</u> Apply to Coverage A. Applies only to Coverages B and C) Any dental expenses incurred during October - December that are used to meet a deductible for the plan year ending December 31 will also satisfy the deductible for the next plan year.		\$100 per person (\$300 per family)	\$50 per person (\$150 per family)
Health through Oral Wellness* program included (please see reverse for details)			
MONTHLY RATES effective 1/1/2020 - 12/31/2022			
One Person		\$43.92	\$50.79
Two Persons		\$77.84	\$92.65
Family		\$121.59	\$148.48